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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* NONE

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NONE

 IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <u>VSU</u> Initials	NM	0	23	1

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## TITLE

Nitric oxide (NO) donor+cGMP-PDE5 inhibitor as a topical drug for glaucoma

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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